

01
HEALTH STATUS INDICATOR

Type: Access
Ambulatory Sensitive Condition

**The rate of children hospitalized for asthma (ICD-9
Codes: 493.0 -493.9) per 10,000 children less than five
years of age.**

GOAL

To reduce asthma hospitalizations for children less than five years old.

MEASURE

The rate of children hospitalized for asthma (ICD-9 codes: 493.0 - 493.9) per 10,000 children less than five years of age.

DEFINITION

Numerator:

Number of resident asthma (ICD-9 codes: 493.0 - 493.9) hospital discharges for children less than five years old.

Denominator:

Estimate of all children less than five years old in the State.

Units: 10,000 **Text:** Rate per 10,000.

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 24-2a

Reduce hospitalization for asthma in children 0-5 to no more than 25 per 10,000. (Baseline: 1997, 60.9 per 10,000)

DATA SOURCE and DATA ISSUES

Numerator: State hospital discharge data

Denominator: State population estimates, Bureau of Census data.

SIGNIFICANCE

Asthma is one of the few medical problems that may be used to measure the extent to which children are receiving quality disease preventive care and health promotion education. Access to and utilization of appropriate medical care can often prevent severe episodes of asthma. Increased asthma hospitalization rates may be a consequence of inadequate outpatient management and diminished access to a medical home.

02A
HEALTH STATUS INDICATOR

Type: Access

Adequacy of Primary Care

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

GOAL

To increase the adequacy of primary care for Medicaid enrollees.

MEASURE

The percent of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

DEFINITION

Numerator:

Number of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

Denominator:

Number of Medicaid enrollees whose age is less than one year.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

No specific Healthy People 2010 Objective

DATA SOURCE and DATA ISSUES

Numerator: State Medicaid claims files or EPSDT visits for the reporting period.

Denominator: State Medicaid program enrollees for the reporting period. The assumption is that all Medicaid enrollees whose age is less than one year should have at least one initial well child or EPSDT visit.

SIGNIFICANCE

The EPSDT program is a national initiative to provide quality comprehensive services to all Medicaid eligible children. Increasing access to comprehensive, family-centered, community-based, culturally competent care for the medically underserved populations of the State is the first step toward establishing a medical home and a regular source of care.

02B
HEALTH STATUS INDICATOR

Type: Access
Adequacy of Primary Care

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

GOAL

To increase the adequacy of primary care for SCHIP enrollees.

MEASURE

The percent of SCHIP enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

DEFINITION

Numerator:

Number of SCHIP enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

Denominator:

Number of SCHIP enrollees whose age is less than one year.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

No specific Healthy People 2010 Objective

DATA SOURCE and DATA ISSUES

Numerator: SCHIP program claims files for well child visits, or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits for the reporting period.

Denominator: State SCHIP program enrollees for the reporting period. The assumption is that all SCHIP enrollees whose age is less than one year should have at least one initial well child or EPSDT visit.

SIGNIFICANCE

The EPSDT program is a national initiative to provide quality comprehensive services to all Medicaid eligible children. Some states include the EPSDT program as part of the SCHIP coverage. With the help of public/private partners, increasing access to comprehensive, family-centered, community-based, culturally competent care for the medically underserved populations of the State is the first step toward establishing a medical home.

Type: Prevention
Prenatal Care Participation

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

GOAL

To increase the adequacy of prenatal care utilization.

MEASURE

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

DEFINITION

Numerator:

Number of women (15 through 44) during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

Denominator:

All women (15 through 44) with a live birth during the reporting year.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective16-6b

Increase to at least 90 percent the proportion of all live-born infants whose mothers receive prenatal care that is adequate or more than adequate according to the Adequacy of Prenatal Care Utilization (Kotelchuck) Index. (Baseline: 74 percent of live births in 1995)

DATA SOURCE and DATA ISSUES

State vital statistic records are sources of this data.

SIGNIFICANCE

Adequate prenatal care is an effective intervention that improves pregnancy outcomes, including reducing infant mortality. The two-part (Kotelchuck) Adequacy of Prenatal Care Utilization Index combines independent assessments of the timing of prenatal care initiation and the frequency of visits received after initiation.

04A
HEALTH STATUS INDICATOR

Type: Risk

Low Birth Weight

The percent of live births weighing less than 2,500 grams.

GOAL

To reduce the proportion of all live deliveries with low birth weight.

MEASURE

The percent of all live births weighing less than 2,500 grams.

DEFINITION

Numerator:

Number of resident live births less than 2,500 grams.

Denominator:

Number of resident live births in the State in the reporting period.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 16-10a

Reduce low birth weights (LBW) to no more than 5 percent of all live births. (Baseline: 7.6 percent in 1998)

DATA SOURCE and DATA ISSUES

State vital records and census data are source.

SIGNIFICANCE

The general category of low birth weight infants includes pre-term infants and infants with intrauterine growth retardation. Many risk factors have been identified for low birth weight babies including: both young and old maternal age, poverty, late prenatal care, smoking, substance abuse, and multiple births.

04B
HEALTH STATUS INDICATOR

Type: Risk

Low Birth Weight - Singleton Births

The percent of live singleton births weighing less than 2,500 grams.

GOAL

To reduce the proportion of all live singleton deliveries with low birth weight.

MEASURE

The percent of all live singleton births weighing less than 2,500 grams.

DEFINITION

Numerator:

Number of resident live singleton births weighing less than 2,500 grams.

Denominator:

Number of resident live singleton births in the State in the reporting period.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

No specific Healthy People 2010 objective

Related to Objective 16-10a

Reduce low birth weights (LBW) to no more than 5 percent of all live births. (Baseline: 7.6 percent in 1998)

DATA SOURCE and DATA ISSUES

State vital records and census data are source.

SIGNIFICANCE

In vitro fertilization has increased the number of multiple births. Multiple births often result in shortened gestation and low or very low birth weight infants.

05A
HEALTH STATUS INDICATOR

Type: Risk
Very Low Birth Weight

The percent of live births weighing less than 1,500 grams.

GOAL To reduce the proportion of all live deliveries with very low birth weight.

MEASURE The percent of all live births weighing less than 1,500 grams.

DEFINITION

Numerator:
Number of resident live births weighing less than 1,500 grams.

Denominator:
Number of resident live births in the State in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010
OBJECTIVE Objective 16-10b
Reduce very low birth weight births to no more than 0.9 percent of all live births.(Baseline, 1.4 percent in 1998).

DATA SOURCE and DATA ISSUES State vital statistic records and census data are source.

SIGNIFICANCE Very low birth weight births are usually associated with pre-term birth. The primary risk factors for pre-term births are prior preterm birth, prior spontaneous abortion, low pre-pregnancy weight, cigarette smoking, and multiple births.

05B
HEALTH STATUS INDICATOR

Type: Risk

Very Low Birth Weight - Singleton Births

The percent of live singleton births weighing less than 1,500 grams.

GOAL

To reduce the proportion of all live singleton deliveries with very low birth weight

MEASURE

The percent of all live singleton births weighing less than 1,500 grams.

DEFINITION

Numerator:

Number of resident singleton births weighing less than 1,500 grams.

Denominator:

Number of all resident singleton births in the State in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective

Related to Objective 16-10b

Reduce very low birth weight births to no more than 0.9 percent of all live births. (Baseline, 1.4 percent in 1998).

DATA SOURCE and DATA ISSUES

State vital statistic records and census data are source.

SIGNIFICANCE

In vitro fertilization has increased the number of multiple births. Multiple births may result in shortened gestation and low or very low birth weight infants.

06
HEALTH STATUS INDICATOR

Type: Access
Medicaid and Non-Medicaid

Comparison of health status indicators for Medicaid, non-Medicaid, and all Medicaid and Non-Medicaid populations in the State.

GOAL

To eliminate disparities in pregnancy health outcomes in Medicaid, non-Medicaid, and all populations in the State.

MEASURE

The comparison of health status indicators for Medicaid, non-Medicaid, and all populations in the State

DEFINITION

The table for Core Health Status Indicator 06 is on HSI Form C2 (Medicaid and SCHIP data). The table compares low birth weight (<2,500 grams), infant deaths per 1,000 live births, initiation of prenatal care during first trimester of pregnancy, and adequacy of prenatal care (Kotelchuck Index) by the population groups, maternal Medicaid recipient, maternal non-Medicaid recipient, and total maternal population. The table is completed with the appropriate number in the Medicaid, non-Medicaid, and total State population cells for the specified reporting year.

Numerator:

Denominator:

Units: (for 4A, 4C, 4D): 100; (for 4B): 1,000
Text: (for 4A, 4C, 4D): percent; (for 4B): rate per 1,000

**HEALTHY PEOPLE 2010
OBJECTIVE**

No specific HP 2010 objective

DATA SOURCE and DATA ISSUES

Birth certificates with payment source, Linked Medicaid files

SIGNIFICANCE

Adverse health outcomes disproportionately affect the poor. Enrollment and participation in the State Medicaid, SCHIP, or other programs (food stamps, WIC, AFDC/TANF) may not eliminate the disparity in pregnancy outcomes by socioeconomic status, race and/or ethnicity. The quality of services provided to pregnant women and their newborns should be evaluated to identify barriers to comprehensive, family-centered, community-based, culturally competent care.

07
HEALTH STATUS INDICATOR

Type: Access

Medicaid and CHIP Eligibility

The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women.

GOAL

To increase State Medicaid and SCHIP enrollment for infants (0 to 1), children, and pregnant women.

MEASURE

The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs.

DEFINITION

The table for Core Health Status Indicator 07 is on HSI Form C2 (Medicaid and SCHIP data). This table has cells for infants (0 to 1), children (specify age range), and pregnant women, by year and percent of poverty level required for program eligibility. Complete the cells with the appropriate percentage of poverty level for each of the three groups, and specify the reporting year.

Numerator:

Denominator:

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

No specific Healthy People 2010 objective

Related Objective 1-1

Increase the proportion of persons with health insurance to 100 percent. (Baseline: 86 percent in 1997). Related objective 1-4: Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care to 96 percent. (Baseline 93 percent in 1997)

DATA SOURCE and DATA ISSUES

State Medicaid and SCHIP programs

SIGNIFICANCE

Adverse health outcomes disproportionately affect the poor. Infants (0 to 1), children, and pregnant women without private health insurance may not have access to medical care. Participation in the State Medicaid or SCHIP programs may positively impact health outcomes. Important features of Maternal and Child Health (MCH) State program evaluations should include eligibility thresholds, enrollment volume, program retention, transitions in coverage, and access to care.

Type: Infrastructure
State MCH Data Capacity

The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.

GOAL

To assure MCH program and Title V agency access to essential policy and program relevant information from key public health data sets relating to women, children, and families. To demonstrate core MCH data capacity.

MEASURE

The State either provides or assures the creation of these databases, assures the MCH programs access to these databases, and assures the MCH programs ability to obtain timely analysis from these these data for programmatic and policy issues.

DEFINITION

Core Health Status Indicator Form C3 is a table with a series of questions for eight databases that document the MCH programs ability to obtain essential program and policy relevant information. Using the numerical key at the top of the table enter the degree to which these functions are implemented.

Numerator:

Denominator:

Units: 1 through 3 **Text:** Scale

**HEALTHY PEOPLE 2010
OBJECTIVE**

No specific Healthy People 2010 objective

Related Healthy People 2010 (developmental) Objective 23-5

Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data - especially for select populations - are available at the Tribal, State and local levels.

DATA SOURCE and DATA ISSUES

The State Title V Agency

SIGNIFICANCE

To carry out the 10 essential public health services, MCH programs need access to relevant program and policy information. This requires basic data capacity on the part of the Title V agency including the ability to monitor health status, to investigate health problems, and to evaluate programs and policies. One measure of this capacity is the availability and use by State MCH programs of key public health data sets related to women, children, and families.